

U.S. District Court for the Northern District Of Illinois
Attorney Appearance Form

Case Title: Soblick et al. v. Allscripts
Healthcare Solutions, Inc.

Case Number: 1:16-cv-09909

An appearance is hereby filed by the undersigned as attorney for:
Allscripts Healthcare Solutions, Inc.

Attorney name (type or print): Livia M. Kiser

Firm: Sidley Austin LLP

Street address: One South Dearborn Street

City/State/Zip: Chicago, Illinois 60603

Bar ID Number: 6275283
(See item 3 in instructions)

Telephone Number: (312) 853-7247

Email Address: lkiser@sidley.com

Are you acting as lead counsel in this case? ☒ Yes ☐ No

Are you acting as local counsel in this case? ☐ Yes ☒ No

Are you a member of the court's trial bar? ☐ Yes ☒ No

If this case reaches trial, will you act as the trial attorney? ☒ Yes ☐ No

If this is a criminal case, check your status.

☐ Retained Counsel

☐ Appointed Counsel

If appointed counsel, are you

☐ Federal Defender

☐ CJA Panel Attorney

In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. §1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on January 3, 2017

Attorney signature: S/ Livia M. Kiser

(Use electronic signature if the appearance form is filed electronically.)